

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Mooney for Congress

ADDRESS (number and street)

PO Box 1863

Check if different  
than previously  
reported. (ACC)

Martinsburg

WV

25402

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00506774

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

WV

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2015

through

M M / D D / Y Y Y Y

09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Peter Onoszko

Signature of Treasurer

Peter Onoszko

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 09 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 106

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Mooney for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	116863.50	591329.19
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	116863.50	591129.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	77287.04	321943.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2104.18
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	77287.04	319839.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	257371.52	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 106

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Mooney for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

45197.50

295870.13

**(ii) Unitemized .....**

9666.00

53341.13

**(iii) TOTAL of contributions from individuals .....**

54863.50

349211.26

**(b) Political Party Committees.....**

0.00

1700.00

**(c) Other Political Committees (such as PACs) .....**

62000.00

240417.93

**(d) The Candidate .....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

116863.50

591329.19

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

2104.18

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....**

116863.50

593433.37

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 106

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	77287.04	321943.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	6100.00	14700.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	200.00
21. OTHER DISBURSEMENTS .....	0.00	5282.07
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	83387.04	342125.98

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	223895.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	116863.50
25. SUBTOTAL (add Line 23 and Line 24).....	340758.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	83387.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	257371.52

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**YUSR ABOUSHAAR**

Mailing Address 101 YORKTOWNE PLACE

City

SOUTH CHARLESTON

State

WV

Zip Code

25309-8283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHESAPEAKE PEDIATRICS, INC.

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11825

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DAVID ABRAMOWITZ**

Mailing Address 12 STONY POINT RD.

City

CHARLESTON

State

WV

Zip Code

25314-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KANAWHA VALLEY RADIOLOGISTS, INC.

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11828

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**IDALIA PERALES ACOSTA**

Mailing Address 1546 EDINBORO DR

City

JONESBORO

State

GA

Zip Code

30236-5185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11.11717

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**RIAD S. ALASBAHI**

Mailing Address 26 PINNACLE DR.

City

CHARLESTON

State

WV

Zip Code

25311-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KANAWHA VALLEY RADIOLOGISTS

Occupation

RADIOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11811

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**HAZEM A. ASHHAB**

Mailing Address 1875 LOUDEN HEIGHTS RD.

City

CHARLESTON

State

WV

Zip Code

25314-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHARLESTON GASTROENTEROLOGY

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11813

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GHALI BACHA**

Mailing Address 107 YORKTOWNE PL.

City

CHARLESTON

State

WV

Zip Code

25309-8283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHESAPEAKE MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11803

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**GREGORY H. BALOTIN**

Mailing Address 24640 HARBOUR VIEW DR

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMART PHARMACYOccupation  
SELF

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11.11738

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GREGORY H. BALOTIN**

Mailing Address 24640 HARBOUR VIEW DR

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMART PHARMACYOccupation  
SELF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11.11739

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARY BARGER**

Mailing Address 1407 17TH ST

City

PARKERSBURG

State

WV

Zip Code

26101-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

436.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		11		2015

Transaction ID : SA11.11630

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2925.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**MARY BARGER**

Mailing Address 1407 17TH ST

City

PARKERSBURG

State

WV

Zip Code

26101-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

436.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11.11725

Amount of Each Receipt this Period

187.50

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CECIL C. BARNETT**

Mailing Address 3711 FAIRWAY LANE

City

LOUISVILLE

State

KY

Zip Code

40207-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALGOOD FOODS COMPANY

Occupation

CHAIRMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11852

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WILLIAM BARR**

Mailing Address 1910 RED STONE RD.

City

SOUTH CHARLESTON

State

WV

Zip Code

25309-9720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMHERST MADISON INC.

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11830

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

937.50



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

A. Full Name (Last, First, Middle Initial)  
**DION SCOTT BIRNEY JR.**

Mailing Address **11 SAGAMORE RD.**

City	State	Zip Code
<b>WELLESLEY</b>	<b>MA</b>	<b>02481-2813</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**225.00**

Date of Receipt

**08 / 28 / 2015**

Transaction ID : **SA11.11651**

Amount of Each Receipt this Period

**75.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**MR. STEPHEN CLOUSE**

Mailing Address **43538 GOLDEN MEADOW CIRCLE**

City	State	Zip Code
<b>ASHBURN</b>	<b>VA</b>	<b>20147-5421</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STEPHEN CLOUSE & ASSOC., INC.**

Occupation  
**MARKETING CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2700.00**

Date of Receipt

**09 / 17 / 2015**

Transaction ID : **SA11.11715**

Amount of Each Receipt this Period

**1200.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**BRYAN COKELEY**

Mailing Address **1557 CONNELL RD.**

City	State	Zip Code
<b>CHARLESTON</b>	<b>WV</b>	<b>25314-1962</b>

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**STEPTOE & JOHNSON PLLC**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**750.00**

Date of Receipt

**09 / 28 / 2015**

Transaction ID : **SA11.11829**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1525.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 106

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM PAUL COLE III**

Mailing Address **404 OAKHURST AVE.**

City State Zip Code  
**BLUEFIELD WV 24701-4137**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**WV STATE SENATE**Occupation  
**SENATE PRESIDENT**

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**5400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

**Transaction ID : SA11.11793**

Amount of Each Receipt this Period

**2700.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARY K. COLWELL**

Mailing Address **140 MARICOPA CIR**

City State Zip Code  
**ENON OH 45323-1817**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**RETIRED**Occupation  
**RETIRED**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		28		2015

**Transaction ID : SA11.11660**

Amount of Each Receipt this Period

**150.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL EPSTEIN**

Mailing Address **5410 EDSON LN STE 300**

City State Zip Code  
**ROCKVILLE MD 20852-3155**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**WILLOW ASSET MANAGEMENT**Occupation  
**EXECUTIVE**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**3700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		28		2015

**Transaction ID : SA11.11649**

Amount of Each Receipt this Period

**1700.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**4550.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**MICHAEL EPSTEIN****A.**

Mailing Address 5410 EDSON LN STE 300

City

ROCKVILLE

State

MD

Zip Code

20852-3155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WILLOW ASSET MANAGEMENT

Occupation

EXECUTIVE

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

**Transaction ID : SA11.11650**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. MARIO A. ESPOSITO****B.**

Mailing Address 25239 S. GREYHAWK COURT

City

CHANNAHON

State

IL

Zip Code

60410-5560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

**Transaction ID : SA11.11741**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MICHAEL FERENCE****C.**

Mailing Address 4117 WATERVIEW DRIVE

City

EDGEWATER

State

MD

Zip Code

21037-4327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

S-3 GROUP

Occupation

CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

**Transaction ID : SA11.11530**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**MIKE FERGUSON**

Mailing Address 7601 CHARLESTON DRIVE

City

BETHESDA

State

MD

Zip Code

20817-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
CONSULTANT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11776

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RONALD R. FOSTER**

Mailing Address PO BOX 467

City

SCOTT DEPOT

State

WV

Zip Code

25560-0467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOSTER SUPPLY INC.Occupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11833

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOYCE M. GALE**

Mailing Address 7928 E PUEBLO AVE., UNIT 55

City

MESA

State

AZ

Zip Code

85208-6335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11771

Amount of Each Receipt this Period

350.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1850.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 106

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**A. Full Name (Last, First, Middle Initial)  
**LON GOLDSTEIN**

Mailing Address 1445 CHURCH STREET NW

City	State	Zip Code
WASHINGTON	DC	20005-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITOccupation  
GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11778

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**MR. TIMOTHY J. GROSECLOSE**

Mailing Address GEORGE MASON UNIVERSITY CARROW HAL

City	State	Zip Code
FAIRFAX	VA	22030-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGE MASON UNIVERSITYOccupation  
PROFESSOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11761

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**M. YASER HAFFAR**

Mailing Address 92 MANDY DR.

City	State	Zip Code
SCOTT DEPOT	WV	25560-9369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11815

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 106

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**A. Full Name (Last, First, Middle Initial)  
**WALDO ALBERT HALE**

Mailing Address 98 MAPLE ST

City	State	Zip Code
CANISTEO	NY	14823-1366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2015

Transaction ID : SA11.11699

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**THOMAS HALLORAN**

Mailing Address 2506 KANAWHA AVE SE

City	State	Zip Code
CHARLESTON	WV	25304-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AQUA-CLEAR,INC.Occupation  
MANAGEMENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2015

Transaction ID : SA11.11716

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**BOBBYE F. HARRIS**

Mailing Address 135 WINDSOR DR.

City	State	Zip Code
CALHOUN	GA	30701-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		28		2015

Transaction ID : SA11.11647

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**Full Name (Last, First, Middle Initial)  
**A. BOBBYE F. HARRIS**

Mailing Address 135 WINDSOR DR.

City	State	Zip Code
CALHOUN	GA	30701-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11.11765

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. BEN K. HATFIELD**

Mailing Address P.O. BOX 2405

City	State	Zip Code
CHARLESTON	WV	25329-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
COAL MANAGEMENT CONSULTNAT

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11.11737

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. BEN K. HATFIELD**

Mailing Address P.O. BOX 2405

City	State	Zip Code
CHARLESTON	WV	25329-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
COAL MANAGEMENT CONSULTNAT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11.11744

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. MICHAEL HENRY**

Mailing Address 6346 32ND STREET, NW

City  
WASHINGTONState  
DCZip Code  
20015-2304FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALPINE GROUPOccupation  
LOBBYIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11768

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DR. HATEM M. HOSSINO**

Mailing Address 5030 KANAWHA AVE

City  
CHARLESTONState  
WVZip Code  
25304-2014FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFCOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11834

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. NANCY B. HUNTER**

Mailing Address 4756 JOHN SCOTT DR.

City  
LYNCHBURGState  
VAZip Code  
24503-1004FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11.11641

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1700.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**STACIE ISSA**

Mailing Address 2112 BROOKE ST.

City

CULLODEN

State

WV

Zip Code

25510-9424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUMMERS ACRES OWNERS MAINTENANCE

Occupation

TREASURER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11807

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ROSEMARY JENKS**

Mailing Address 3205 13TH RD. SO

City

ARLINGTON

State

VA

Zip Code

22204-4328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NUMBERSUSA

Occupation

DIRECTOR OF GOVERNMENT RELATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11749

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**W.C. JERNIGAN**

Mailing Address 5 TURNBERRY PLACE

City

SHOAL CREEK

State

AL

Zip Code

35242-5934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JERNIGAN PROPERTIES

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		03		2015

Transaction ID : SA11.11603

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**A. Full Name (Last, First, Middle Initial)  
**REBECCA A. KEEVER-TAYLOR**

Mailing Address 249 SAYRE LN

City	State	Zip Code
EVANS	WV	25241-8015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : SA11.11593

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**REBECCA A. KEEVER-TAYLOR**

Mailing Address 249 SAYRE LN

City	State	Zip Code
EVANS	WV	25241-8015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11.11706

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**MR. BOB LAWRENCE**

Mailing Address 1610 N SALISBURY BLVD.

City	State	Zip Code
SALISBURY	MD	21801-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

238.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11.11702

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**Full Name (Last, First, Middle Initial)  
**RUTH RYAN LEMMON**

A. Mailing Address 225 BROOKE LANE

City	State	Zip Code
NITRO	WV	25143-1786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUTO DEALERS ASSOCIATIONOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11827

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**HERBERT ALAN LEVIN**

Mailing Address 724 E GRINNELL DR.

City	State	Zip Code
BURBANK	CA	91501-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPARTMENT OF JUSTICEOccupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		03		2015

Transaction ID : SA11.11584

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**HERBERT ALAN LEVIN**

Mailing Address 724 E GRINNELL DR.

City	State	Zip Code
BURBANK	CA	91501-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPARTMENT OF JUSTICEOccupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		28		2015

Transaction ID : SA11.11659

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

375.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**HERBERT ALAN LEVIN****A.**

Mailing Address 724 E GRINNELL DR.

City

BURBANK

State

CA

Zip Code

91501-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DEPARTMENT OF JUSTICE

Occupation

LAWYER

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2015

**Transaction ID : SA11.11713**

Amount of Each Receipt this Period

75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NELSON LITTERST****B.**

Mailing Address 1655 N. GREENBRIER ST

City

ARLINGTON

State

VA

Zip Code

22205-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FTI CONSULTING

Occupation

CONSULTING

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.11775**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**HENRY MADLEY****C.**

Mailing Address 3648 62ND AVE. E.

City

BRADENTON

State

FL

Zip Code

34203-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		03		2015

**Transaction ID : SA11.11579**

Amount of Each Receipt this Period

30.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

605.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)  
**HENRY MADLEY**

Mailing Address **3648 62ND AVE. E.**

City	State	Zip Code
BRADENTON	FL	34203-5429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**210.00**

Date of Receipt

**09 / 28 / 2015**

**Transaction ID : SA11.11789**

Amount of Each Receipt this Period

**30.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**LUCILLE W. MELLISH**

Mailing Address **2241 WELLESLEY ST.**

City	State	Zip Code
PALO ALTO	CA	94306-1361

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1250.00**

Date of Receipt

**08 / 03 / 2015**

**Transaction ID : SA11.11573**

Amount of Each Receipt this Period

**750.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**MR. DANIEL MILLER**

Mailing Address **114 N EDGEWOOD ST**

City	State	Zip Code
ARLINGTON	VA	22201-1103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**ECONOMIST**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1500.00**

Date of Receipt

**08 / 15 / 2015**

**Transaction ID : SA11.11638**

Amount of Each Receipt this Period

**1500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2280.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**MR. EDWARD P. MOONEY SR.**

Mailing Address 7 OCEAN DR

City

JUPITER

State

FL

Zip Code

33469-3512

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

Transaction ID : SA11.11558

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CRAIG MORGAN**

Mailing Address 1611 13TH AVE

City

HUNTINGTON

State

WV

Zip Code

25701-3811

FEC ID number of contributing federal political committee.

C

Name of Employer

CONSULTANTS OF HUNTINGTON

Occupation

M.D.

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		14		2015

Transaction ID : SA11.11674

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FRANCIS MORSE**

Mailing Address 4181 FORT JIM RD

City

PLACERVILLE

State

CA

Zip Code

95667-9024

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		11		2015

Transaction ID : SA11.11624

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**YOUMNA MOUSATTAT**

Mailing Address 107 YORKTOWNE PLACE

City

CHARLESTON

State

WV

Zip Code

25309-8283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WV UNIVERSITY PEDIATRICS SPECIALIST

Occupation

PEDIATRICS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11802

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BASSAM MOUSHMOUSH**

Mailing Address 103 JORDAN PL

City

CHARLESTON

State

WV

Zip Code

25314-2359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOGAN REGIONAL MEDICAL CENTER

Occupation

CARDIOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11797

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JACK MULLINS**

Mailing Address 224 RIDGEWOOD DR

City

VICTORIA

State

TX

Zip Code

77901-2572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		03		2015

Transaction ID : SA11.11566

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**JACK MULLINS**

Mailing Address 224 RIDGEWOOD DR

City

VICTORIA

State

TX

Zip Code

77901-2572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11.11708

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JASON MULVIHILL**

Mailing Address 3483 N. VENICE STREET

City

ARLINGTON

State

VA

Zip Code

22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRIVATE EQUITY GROWTH CAPITAL COUNCIL

Occupation

GENERAL COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11773

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JASON MULVIHILL**

Mailing Address 3483 N. VENICE STREET

City

ARLINGTON

State

VA

Zip Code

22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRIVATE EQUITY GROWTH CAPITAL COUNCIL

Occupation

GENERAL COUNSEL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11774

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 25 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**ROGER NICHOLSON**

Mailing Address 1557 QUARRIER STREET

City

CHARLESTON

State

WV

Zip Code

25311-2407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEPTOE & JOHNSONOccupation  
ATTORNEY

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11756

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. PETER ONOSZKO**

Mailing Address 13 AUBREY CT

City

CHARLES TOWN

State

WV

Zip Code

25414-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Transaction ID : SA11.11552

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. PETER ONOSZKO**

Mailing Address 13 AUBREY CT

City

CHARLES TOWN

State

WV

Zip Code

25414-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11.11668

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 26 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**MELODY POTTER**

Mailing Address 105 NEWCOMER ROAD

City

SOUTH CHARLESTON

State

WV

Zip Code

25309-8544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRI-STAR COAL SALES COMPANY

Occupation

BUSINESS OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11785

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CHARLES QUAID**

Mailing Address 1341 TURVEY RD.

City

DOWNERS GROVE

State

IL

Zip Code

60515-4547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOYER HOYER &amp; SMITH LAW FIRM

Occupation

LAWYER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : SA11.11585

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NANCY B. ROTH**

Mailing Address 8545 CARMEL VALLEY RD.

City

CARMEL

State

CA

Zip Code

93923-9556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

Transaction ID : SA11.11633

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**TAOUFIK A. SADAT**

Mailing Address 100 FLICKER LN

City

BECKLEY

State

WV

Zip Code

25801-3695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11832

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. AHMED M. SAKKAI**

Mailing Address 3 WINDING WOODS RD.

City

CHARLESTON

State

WV

Zip Code

25311-9739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11823

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. AHMED M. SAKKAI**

Mailing Address 3 WINDING WOODS RD.

City

CHARLESTON

State

WV

Zip Code

25311-9739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11824

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**MR. STEVE SCHUH**

Mailing Address P.O. BOX 48

City

GIBSON ISLAND

State

MD

Zip Code

21056-0048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANNE ARUNDEL COUNTY, MD

Occupation

COUNTY EXECUTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11.11720

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DR. AMMAR SHAMMAA**

Mailing Address 300 CAMBRIDGE POINTS

City

SOUTH CHARLESTON

State

WV

Zip Code

25309-8596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11820

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**IMAD SHAMMAA**

Mailing Address 5326 KANAWHA AVE. SE

City

CHARLESTON

State

WV

Zip Code

25304-2216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMHERST MADISON INC.

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11821

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NASIM A. SHEIKH**

Mailing Address 102 GRAFF LN.

City CHARLESTON	State WV	Zip Code 25304-1065
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFFC
---	---

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

**Transaction ID : SA11.11819**

Amount of Each Receipt this Period

300.00
--------

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STANLEY SIENKIEWICZ**

Mailing Address 5540 30TH ST NW

City WASHINGTON	State DC	Zip Code 20015-1250
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer US GOVERNMENT	Occupation INTERNATION DEVELOPMENT
-----------------------------------	---------------------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

**Transaction ID : SA11.11752**

Amount of Each Receipt this Period

100.00
--------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER SAX SMITH**

Mailing Address 22 CAPITOL STREET

City CHARLESTON	State WV	Zip Code 25301-2824
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFFC
---	---

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		24		2015

**Transaction ID : SA11.11538**

Amount of Each Receipt this Period

500.00
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CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

900.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 30 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**CHRISTOPHER SAX SMITH****A.**

Mailing Address 22 CAPITOL STREET

City

CHARLESTON

State

WV

Zip Code

25301-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

**Transaction ID : SA11.11723**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ROBERT C. SMITH CPA****B.**

Mailing Address PO BOX 1483

City

SHEPHERDSTOWN

State

WV

Zip Code

25443-1483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

**Transaction ID : SA11.11560**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. TIMOTHY SMITH****C.**

Mailing Address 108 ROLLING RD

City

GAITHERSBURG

State

MD

Zip Code

20877-2044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. NAVY

Occupation

ENGINEER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

**Transaction ID : SA11.11665**

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 31 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**SHANNON SORZANO**

Mailing Address 4020 N 38TH PL

City

ARLINGTON

State

VA

Zip Code

22207-4602

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11779

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. MARK STAMM**

Mailing Address 10033 CHARTWELL MANOR CT

City

POTOMAC

State

MD

Zip Code

20854-5441

FEC ID number of contributing federal political committee.

C

Name of Employer

SMM

Occupation

FINANCE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : SA11.11724

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. JOHN STANTON**

Mailing Address 4512 CATHEDRAL AVE NW

City

WASHINGTON

State

DC

Zip Code

20016-3565

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11750

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 32 OF 106

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**GEORGE W. STRAKE**

Mailing Address 712 MAIN ST STE 3300

City

HOUSTON

State

TX

Zip Code

77002-3215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

G. W. STRAKE

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11.11688

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FERAS TOLAYMAT**

Mailing Address 121 CORNWALL LN

City

CHARLESTON

State

WV

Zip Code

25314-2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WV TAX DEPARTMENT

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11804

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**BADSHAH J. WAZIR**

Mailing Address 118 E RIDGE RD.

City

CHARLESTON

State

WV

Zip Code

25314-1666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH CHARLESTON CARDIODIAGNOSTICS

Occupation

CARDIOLOGIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11810

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**Full Name (Last, First, Middle Initial)  
**A. TIMOTHY B. WEBSTER**

Mailing Address 1924 37TH ST. NW

City	State	Zip Code
WASHINGTON	DC	20007-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FORTH RIGHT STRATEGYOccupation  
VICE PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11849

Amount of Each Receipt this Period

700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ABDUL ZANABLI**

Mailing Address 108 YORKTOWNE PL

City	State	Zip Code
CHARLESTON	WV	25309-8284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHARLESTON NEPHROLOGY HYPERTENSICOccupation  
DOCTOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11808

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ILIA ZAVIALOV**

Mailing Address 12815 SE RIVERCREST

City	State	Zip Code
VANCOUVER	WA	98683-6623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOVA TECHNOLOGIES, INC.Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

Transaction ID : SA11.11550

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00

45197.50

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 106

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress****A.** Full Name (Last, First, Middle Initial)  
**ANDY HARRIS FOR CONGRESS**

Mailing Address PO BOX 604

City	State	Zip Code
BEL AIR	MD	21014-0604

FEC ID number of contributing  
federal political committee.**C** C00435974

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

**Transaction ID : SA11.11794**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City	State	Zip Code
BAKERSFIELD	CA	93389-2667

FEC ID number of contributing  
federal political committee.**C** C00420935

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

**Transaction ID : SA11.11837**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City	State	Zip Code
BAKERSFIELD	CA	93389-2667

FEC ID number of contributing  
federal political committee.**C** C00420935

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

**Transaction ID : SA11.11838**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

A. Full Name (Last, First, Middle Initial)  
**RAUL LABRADOR FOR IDAHO**

Mailing Address PO BOX 1616

City	State	Zip Code
BOISE	ID	83701-1616

FEC ID number of contributing federal political committee.

**C** C00470948

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

**08** / **03** / **2015**

Transaction ID : SA11.11604

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**STIVERS FOR CONGRESS**

Mailing Address 4679 WINTERSET DR

City	State	Zip Code
COLUMBUS	OH	43220-

FEC ID number of contributing federal political committee.

**C** C00441352

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**09** / **29** / **2015**

Transaction ID : SA11.11862

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**FRIENDS OF BIG ED REILLY**

Mailing Address 2139 DEFENSE HWY

City	State	Zip Code
CROFTON	MD	21114-2438

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

**09** / **30** / **2015**

Transaction ID : SA11.11755

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

3500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**Full Name (Last, First, Middle Initial)  
**ALPHA NATURAL RESOURCES PAC**Mailing Address 1301 PENNSYLVANIA AVE. NW  
SUITE 404

City	State	Zip Code
WASHINGTON	DC	20004-1730

FEC ID number of contributing  
federal political committee.**C** C00348524

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : SA11.11567

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALT**

Mailing Address 101 CONSTITUTION AVE NW

City	State	Zip Code
D.C.	DC	20001-2133

FEC ID number of contributing  
federal political committee.**C** C00089136

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11791

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 CONNECTICUT AVE NW

City	State	Zip Code
D.C.	DC	20036-3902

FEC ID number of contributing  
federal political committee.**C** C00004275

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11856

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 106

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

A. Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMI**

Mailing Address 1111 14TH ST NW

City State Zip Code  
D.C. DC 20005-5603

FEC ID number of contributing  
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11.11667

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**AMERICAN PRINCIPLES**

Mailing Address 20533 BISCAYNE BLVD, #250

City State Zip Code  
MIAMI FL 33180-1529

FEC ID number of contributing  
federal political committee.

C C00492579

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

09 / 30 / 2015

Transaction ID : SA11.11777

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**ARDA-ROC**

Mailing Address 1201 15TH ST NW

City State Zip Code  
D.C. DC 20005-2899

FEC ID number of contributing  
federal political committee.

C C90014036

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

09 / 28 / 2015

Transaction ID : SA11.11836

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

6500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 106

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)  
**BRAINPAC**

Mailing Address **201 CHICAGO AVE**

City	State	Zip Code
MINNEAPOLIS	MN	55415-1126

FEC ID number of contributing  
federal political committee.

**C** **C00435933**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

**08 / 03 / 2015**

**Transaction ID : SA11.11569**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**BRAINPAC**

Mailing Address **201 CHICAGO AVE**

City	State	Zip Code
MINNEAPOLIS	MN	55415-1126

FEC ID number of contributing  
federal political committee.

**C** **C00435933**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

**09 / 28 / 2015**

**Transaction ID : SA11.11841**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**CHICKASAW NATION**

Mailing Address **520 ARLINGTON**

City	State	Zip Code
ADA	OK	74820-2204

FEC ID number of contributing  
federal political committee.

**C** **C90007923**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**09 / 15 / 2015**

**Transaction ID : SA11.11681**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3000.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 106

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**CITIZENS UNITED POLITICAL VICTORY FUND**

Mailing Address 1006 PENNSYLVANIA AVENUE

City  
WASHINGTON

State  
DC

Zip Code  
20003-2142

FEC ID number of contributing  
federal political committee.

**C** C00295527

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : SA11.11564

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**COLUMBIA PIPELINE GROUP, INC. PAC**

Mailing Address 10 G ST NE

City  
D.C.

State  
DC

Zip Code  
20002-4213

FEC ID number of contributing  
federal political committee.

**C** C00575340

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

Transaction ID : SA11.11846

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CONSERVATIVE OPPORTUNITY LEADERSHIP & ENTERPRISE (COLE PAC)**

Mailing Address 12176 CHANCERY STATION CIR.

City  
RESTON

State  
VA

Zip Code  
20190-5803

FEC ID number of contributing  
federal political committee.

**C** C00404392

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2015

Transaction ID : SA11.11568

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**CONSERVATIVE VICTORY FUND**

Mailing Address P.O. BOX 15245

City  
WASHINGTONState  
DCZip Code  
20003-0245FEC ID number of contributing  
federal political committee.**C** C00009704

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11.11646

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address 1331 PENNSYLVANIA AVE. NW SUITE 56

City  
WASHINGTONState  
DCZip Code  
20004-1745FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11857

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DELOITTE POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 365

City  
D.C.State  
DCZip Code  
20044-0365FEC ID number of contributing  
federal political committee.**C** C00211318

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11844

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5000.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**Full Name (Last, First, Middle Initial)  
**EAGLE FORUM PAC**Mailing Address **PO BOX 618**

City	State	Zip Code
ALTON	IL	62002-0618

FEC ID number of contributing  
federal political committee.**C** C00103937

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

Transaction ID : SA11.11565

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ERNST & YOUNG POLITICAL ACTION COMMITTEE**Mailing Address **1101 NEW YORK AVE NW**

City	State	Zip Code
D.C.	DC	20005-4269

FEC ID number of contributing  
federal political committee.**C** C00227744

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11855

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FIRSTENERGY CORP. POLITICAL ACTION COMMITTEE**Mailing Address **76 S MAIN ST**

City	State	Zip Code
AKRON	OH	44308-1812

FEC ID number of contributing  
federal political committee.**C** C00140855

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2015

Transaction ID : SA11.11684

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**HALLIBURTON COMPANY PAC (HALPAC)**

Mailing Address 10200 BELLAIRE BLVD.

City

HOUSTON

State

TX

Zip Code

77072-5206

FEC ID number of contributing federal political committee.

C C00035691

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2015

Transaction ID : SA11.11683

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**HSP DIRECT LLC PAC HSP PAC**

Mailing Address 13755 SUNRISE VALLEY DRIVE STE 450

City

HERNDON

State

VA

Zip Code

20171-4682

FEC ID number of contributing federal political committee.

C C00432419

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11.11683

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)**

Mailing Address 7525 RED RIVER RD

City

WAHPETON

State

ND

Zip Code

58075-9705

FEC ID number of contributing federal political committee.

C C00164939

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		03		2015

Transaction ID : SA11.11571

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**NACSPAC****A.**

Mailing Address 1600 DUKE STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

**Transaction ID : SA11.11861**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL AC****B.**

Mailing Address 1101 KING ST

City

ALEXANDRIA

State

VA

Zip Code

22314-2944

FEC ID number of contributing  
federal political committee.**C** C00144766

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

**Transaction ID : SA11.11845**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NCTAPAC****C.**

Mailing Address 25 MASSACHUSETTS AVE. NW STE. 100

City

WASHINGTON

State

DC

Zip Code

20001-1434

FEC ID number of contributing  
federal political committee.**C** C00010082

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

**Transaction ID : SA11.11840**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**NEUROSURGERY PAC**

Mailing Address 725 15TH ST. NW SUITE 500

City  
 WASHINGTON

State  
 DC

Zip Code  
 20005-2152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**09** / **28** / **2015**

**Transaction ID : SA11.11850**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NEW YORK LIFE INSURANCE PAC**

Mailing Address 51 MADISON AVE.  
 ROOM 1109

City  
 NEW YORK

State  
 NY

Zip Code  
 10010-1603

FEC ID number of contributing  
federal political committee.

**C** C00158881

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

**09** / **28** / **2015**

**Transaction ID : SA11.11859**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PRAGMATICS INCORPORATED POLITICAL ACTION COMMITTEE**

Mailing Address 7926 JONES BRANCH DRIVE  
 SUITE 711

City  
 MCLEAN

State  
 VA

Zip Code  
 22102-3374

FEC ID number of contributing  
federal political committee.

**C** C00421487

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

**09** / **28** / **2015**

**Transaction ID : SA11.11842**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address 2201 WISCONSIN AVE NW

City D.C.	State DC	Zip Code 20007-4105
--------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C** C00165159

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2015

Transaction ID : SA11.11682

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address 2201 WISCONSIN AVE NW

City D.C.	State DC	Zip Code 20007-4105
--------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C** C00165159

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2015

Transaction ID : SA11.11748

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICA**

Mailing Address P O BOX 500

City RENVILLE	State MN	Zip Code 56284-0500
------------------	-------------	------------------------

FEC ID number of contributing  
federal political committee.

**C** C00166348

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2015

Transaction ID : SA11.11685

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**A. Full Name (Last, First, Middle Initial)  
**SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)**

Mailing Address PO BOX 666

City	State	Zip Code
BELLE GLADE	FL	33430-0666

FEC ID number of contributing  
federal political committee.

C C00254656

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11839

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**THE GOLDMAN SACHS GROUP, INC. POLITICAL ACTION COM**

Mailing Address 101 CONSTITUTION AVE NW

City	State	Zip Code
D.C.	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C C00350744

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11792

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**THE HOME DEPOT INC. PAC**

Mailing Address 1155 F STREET NW, SUITE 400

City	State	Zip Code
WASHINGTON	DC	20004-1346

FEC ID number of contributing  
federal political committee.

C C00284885

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11858

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**THE TEA PARTY LEADERSHIP FUND**

Mailing Address 203 S UNION ST

City

ALEXANDRIA

State

VA

Zip Code

22314-3355

FEC ID number of contributing  
federal political committee.

C C00520825

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11835

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE**

Mailing Address 228 S WASHINGTON ST

City

ALEXANDRIA

State

VA

Zip Code

22314-5408

FEC ID number of contributing  
federal political committee.

C C00330720

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		11		2015

Transaction ID : SA11.11637

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TURKISH COALITON USA PAC (TC-USA PAC)**

Mailing Address 1025 CONNECTICUT AVE NW

City

D.C.

State

DC

Zip Code

20036-5405

FEC ID number of contributing  
federal political committee.

C C00432526

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11.11843

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**WILD AND WONDERFUL PAC**

Mailing Address PO BOX 651374

City

POTOMAC FALLS

State

VA

Zip Code

20165-1374

FEC ID number of contributing  
federal political committee.**C** C00489336

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11.11763

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

1000.00

**TOTAL** This Period (last page this line number only).....

62000.00



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. MR. ALEXANDER XAVIER MOONEY**

Mailing Address 188 HUNTFIELD LANE

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

**ALEXANDER MOONEY**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: WV District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2015

Amount of Each Disbursement this Period

389.15
--------

Transaction ID : SB17.I1071

GAS, FOOD, OFFICE SUPPLIES, POSTAGE

Full Name (Last, First, Middle Initial)

**B. MR. ALEXANDER XAVIER MOONEY**

Mailing Address 188 HUNTFIELD LANE

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

**ALEXANDER MOONEY**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: WV District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2015

Amount of Each Disbursement this Period

458.38
--------

Transaction ID : SB17.I1084

GAS, FOOD, OFFICE SUPPLIES, POSTAGE

Full Name (Last, First, Middle Initial)

**C. MR. ALEXANDER XAVIER MOONEY**

Mailing Address 188 HUNTFIELD LANE

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

**ALEXANDER MOONEY**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: WV District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

923.04
--------

Transaction ID : SB17.I1206

FOOD, GAS, POSTAGE, HOTEL

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1770.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. JESSICA CARTER**

Mailing Address 303 SHAWNEE CIRCLE

City	State	Zip Code
CHARLESTON	WV	25304

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I1076

**B. JESSICA CARTER**

Mailing Address 303 SHAWNEE CIRCLE

City	State	Zip Code
CHARLESTON	WV	25304

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2015

Amount of Each Disbursement this Period

5415.00
---------

Transaction ID : SB17.I1077

**C. JESSICA CARTER**

Mailing Address 303 SHAWNEE CIRCLE

City	State	Zip Code
CHARLESTON	WV	25304

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.I1117

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7915.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 106

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. JESSICA CARTER**

Mailing Address 303 SHAWNEE CIRCLE

City	State	Zip Code
CHARLESTON	WV	25304

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.I1193

**B. STEPHANIE COOPER**

Mailing Address P.O. BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I1083

**C. STEPHANIE COOPER**

Mailing Address P.O. BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I1115

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. STEPHANIE COOPER**

Mailing Address P.O. BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I1126

**B. STEPHANIE COOPER**

Mailing Address P.O. BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I1146

**C. STEPHANIE COOPER**

Mailing Address P.O. BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I1180

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. STEPHANIE COOPER**

Mailing Address P.O. BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I1181

**B. AL GHIORZI**

Mailing Address 39582 GHIORZI LANE

City	State	Zip Code
LOVETTSVILLE	VA	20180

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2015

Amount of Each Disbursement this Period

148.00
--------

Transaction ID : SB17.I1190

**C. AL GHIORZI**

Mailing Address 39582 GHIORZI LANE

City	State	Zip Code
LOVETTSVILLE	VA	20180

Purpose of Disbursement  
COMPUTER SUPPORT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2015

Amount of Each Disbursement this Period

997.95
--------

Transaction ID : SB17.I1191

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1645.95

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. KEVIN HAGERTY**

Mailing Address 4948 SHEPHERDSTOWN RD.

City	State	Zip Code
MARTINSBURG	WV	25404

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Amount of Each Disbursement this Period

40.00
-------

Transaction ID : SB17.I1161

GAS

**B. KEVIN HAGERTY**

Mailing Address 4948 SHEPHERDSTOWN RD.

City	State	Zip Code
MARTINSBURG	WV	25404

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2015

Amount of Each Disbursement this Period

28.00
-------

Transaction ID : SB17.I1189

GAS

**C. KEVIN HAGERTY**

Mailing Address 4948 SHEPHERDSTOWN RD.

City	State	Zip Code
MARTINSBURG	WV	25404

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

46.00
-------

Transaction ID : SB17.I1198

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

114.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. CANDY JOSEPH**

Mailing Address 827 CHESTNUT RD.

City	State	Zip Code
CHARLESTON	WV	25314

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2015

Amount of Each Disbursement this Period

653.11
--------

Transaction ID : SB17.I1081

PARADE SUPPLIES, BANNER, CAR MAGNETS,  
CANDY**B. AMY SHUSTER**

Mailing Address 135 EAST CLEMENT STREET

City	State	Zip Code
BALTIMORE	MD	21230

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.I1066

**C. AMY SHUSTER**

Mailing Address 135 EAST CLEMENT STREET

City	State	Zip Code
BALTIMORE	MD	21230

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

1829.40
---------

Transaction ID : SB17.I1067

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4482.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 106

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. 7-ELEVEN**

Mailing Address 23 JEFFERSON AVE.

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2015

Amount of Each Disbursement this Period

23.01
-------

Transaction ID : SB17.I1090

GAS

**B. 7-ELEVEN**

Mailing Address 23 JEFFERSON AVE.

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2015

Amount of Each Disbursement this Period

27.83
-------

Transaction ID : SB17.I1091

GAS

**C. 7-ELEVEN**

Mailing Address 23 JEFFERSON AVE.

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2015

Amount of Each Disbursement this Period

43.00
-------

Transaction ID : SB17.I1121

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

93.84



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 106

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. 7-ELEVEN**

Mailing Address 23 JEFFERSON AVE.

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2015

Amount of Each Disbursement this Period

46.00
-------

Transaction ID : SB17.I1122

GAS

**B. 7-ELEVEN**

Mailing Address 23 JEFFERSON AVE.

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2015

Amount of Each Disbursement this Period

52.01
-------

Transaction ID : SB17.I1138

GAS

**C. 7-ELEVEN**

Mailing Address 23 JEFFERSON AVE.

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2015

Amount of Each Disbursement this Period

19.38
-------

Transaction ID : SB17.I1154

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

117.39

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. 7-ELEVEN**

Mailing Address 23 JEFFERSON AVE.

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2015

Amount of Each Disbursement this Period

57.00
-------

Transaction ID : SB17.I1175

GAS

**B. 7-ELEVEN**

Mailing Address 23 JEFFERSON AVE.

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2015

Amount of Each Disbursement this Period

42.01
-------

Transaction ID : SB17.I1176

GAS

**C. AAAA SELF STORAGE**

Mailing Address 257 KEYES FERRY RD.

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Amount of Each Disbursement this Period

810.00
--------

Transaction ID : SB17.I1044

STORAGE

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

909.01

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 106

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement  
CREDIT CARD FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2015

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.I1036

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

Amount of Each Disbursement this Period

136.28
--------

Transaction ID : SB17.I1056

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement  
CREDIT CARD FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

7.95
------

Transaction ID : SB17.I1106

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

152.18

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

Amount of Each Disbursement this Period

25.05
-------

Transaction ID : SB17.I1113

**B. AMERICAN MOUNTAIN THEATER**

Mailing Address 49 MARTIN ST.

City	State	Zip Code
ELKINS	WV	26241

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2015

Amount of Each Disbursement this Period

97.52
-------

Transaction ID : SB17.I1114

EVENT

**c. BGR**Mailing Address 300 FOXCROFT AVE.  
SUITE 303

City	State	Zip Code
MARTINSBURG	WV	25401

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2015

Amount of Each Disbursement this Period

790.00
--------

Transaction ID : SB17.I1166

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

912.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 106

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. BLENKO GLASS**

Mailing Address 9 BILL BLENKO DR.

City	State	Zip Code
MILTON	WV	25441

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2015

Amount of Each Disbursement this Period

135.98
--------

Transaction ID : SB17.I1057

OFFICE DECORATION

**B. BROTHERS PIZZA**

Mailing Address 114 PATRICK HENRY WAY

City	State	Zip Code
CHARLESTOWN	WV	25414

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2015

Amount of Each Disbursement this Period

28.76
-------

Transaction ID : SB17.I1177

**C. BUFFALO WILD WINGS**

Mailing Address 4 NORTHRIDGE DR., SUITE 100

City	State	Zip Code
BUCKHANNON	WV	26201

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2015

Amount of Each Disbursement this Period

40.92
-------

Transaction ID : SB17.I1170

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

205.66

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. CALIFORNIA TORTILLA**

Mailing Address 270 OAK LEE DR.

City	State	Zip Code
RANSON	WV	25438

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		24		2015

Amount of Each Disbursement this Period

903.44
--------

Transaction ID : SB17.I1137

**B. CALIFORNIA TORTILLA**

Mailing Address 270 OAK LEE DR.

City	State	Zip Code
RANSON	WV	25438

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

35.74
-------

Transaction ID : SB17.I1184

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 NORTH SAINT ASOPH ST.

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2015

Amount of Each Disbursement this Period

827.30
--------

Transaction ID : SB17.I1088

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

903.44

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. CHICK FIL-A**

Mailing Address 1005 FOXCROFT AVE.

City	State	Zip Code
MARTINSBURG	WV	25401

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Disbursement this Period

17.05
-------

Transaction ID : SB17.I1095

**B. CHICK FIL-A**

Mailing Address 1005 FOXCROFT AVE.

City	State	Zip Code
MARTINSBURG	WV	25401

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Disbursement this Period

13.16
-------

Transaction ID : SB17.I1167

**C. CHICK-FIL-A**

Mailing Address 3000 CHARLESTON TOWN CENTER

City	State	Zip Code
CHARLESTON	WV	25309

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 06 / 2015

Amount of Each Disbursement this Period

8.02
------

Transaction ID : SB17.I1045

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

38.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. CHICK-FIL-A**

Mailing Address 3000 CHARLESTON TOWN CENTER

City	State	Zip Code
CHARLESTON	WV	25309

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Disbursement this Period

14.92
-------

Transaction ID : SB17.I1073

**B. CHINA TOWN**

Mailing Address 97 EAGLE SCHOOL RD.

City	State	Zip Code
MARTINSBURG	WV	25404

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Disbursement this Period

46.90
-------

Transaction ID : SB17.I1123

**C. CHOPHOUSE**

Mailing Address 1 SAARINEN CIR

City	State	Zip Code
DULLES	VA	20166

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 24 / 2015

Amount of Each Disbursement this Period

42.75
-------

Transaction ID : SB17.I1204

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

104.57



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2015

Amount of Each Disbursement this Period

319.01
--------

Transaction ID : SB17.I1032

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.I1033

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2015

Amount of Each Disbursement this Period

51.22
-------

Transaction ID : SB17.I1034

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

620.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

50.73
-------

Purpose of Disbursement  
CREDIT CARD PROCESSING FEECategory/  
Type

Transaction ID : SB17.I1035

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

9.38
------

Purpose of Disbursement  
CREDIT CARD FEESCategory/  
Type

Transaction ID : SB17.I1065

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

798.00
--------

Purpose of Disbursement  
COMPLIANCE CONSULTINGCategory/  
Type

Transaction ID : SB17.I1087

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

858.11

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

8.40
------

Purpose of Disbursement  
CREDIT CARD PROCESSING FEECategory/  
Type

Transaction ID : SB17.I1096

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
COMPLIANCE CONSULTINGCategory/  
Type

Transaction ID : SB17.I1108

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

18.41
-------

Purpose of Disbursement  
CREDIT CARD PROCESSING FEECategory/  
Type

Transaction ID : SB17.I1112

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

276.81

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

73.75
-------

Purpose of Disbursement  
CREDIT CARD PROCESSINGCategory/  
Type

Transaction ID : SB17.I1132

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

798.00
--------

Purpose of Disbursement  
COMPLIANCE CONSULTINGCategory/  
Type

Transaction ID : SB17.I1141

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

10.51
-------

Purpose of Disbursement  
CREDIT CARD PROCESSING FEESCategory/  
Type

Transaction ID : SB17.I1142

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

882.26

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 16 / 2015

Amount of Each Disbursement this Period

72.42
-------

Transaction ID : SB17.I1143

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 09 / 2015

Amount of Each Disbursement this Period

2.70
------

Transaction ID : SB17.I1144

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.I1163

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

325.12

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

798.00
--------

Purpose of Disbursement  
COMPLIANCE CONSULTINGCategory/  
Type

Transaction ID : SB17.I1200

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2015

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

59.05
-------

Purpose of Disbursement  
CREDIT CARD PROCESSING FEESCategory/  
Type

Transaction ID : SB17.I1201

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. COMCAST COMMUNICATIONS**

Mailing Address PO BOX 3005

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2015

City	State	Zip Code
SOUTHEASTERN	PA	19398

Amount of Each Disbursement this Period

50.01
-------

Purpose of Disbursement  
UTILITIESCategory/  
Type

Transaction ID : SB17.I1074

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

907.06

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. COMCAST COMMUNICATIONS**

Mailing Address PO BOX 3005

City	State	Zip Code
SOUTHEASTERN	PA	19398

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2015

Amount of Each Disbursement this Period

19.32
-------

Transaction ID : SB17.I1100

**B. COMCAST COMMUNICATIONS**

Mailing Address PO BOX 3005

City	State	Zip Code
SOUTHEASTERN	PA	19398

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2015

Amount of Each Disbursement this Period

124.10
--------

Transaction ID : SB17.I1179

**C. COMCAST COMMUNICATIONS**

Mailing Address PO BOX 3005

City	State	Zip Code
SOUTHEASTERN	PA	19398

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

124.10
--------

Transaction ID : SB17.I1196

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

267.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. CRACKER BARREL**

Mailing Address 725 FOXCROFT AVE.

City	State	Zip Code
MARTINSBURG	WV	25401

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

Amount of Each Disbursement this Period

22.46
-------

Transaction ID : SB17.I1052

**B. DOMINO'S PIZZA**

Mailing Address 201 N MILDRED ST.

City	State	Zip Code
RANSON	WV	25438

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

Amount of Each Disbursement this Period

44.68
-------

Transaction ID : SB17.I1160

**C. FAT PATTYS**

Mailing Address 5156 WV-34

City	State	Zip Code
HURRICANE	WV	25520

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

Amount of Each Disbursement this Period

60.58
-------

Transaction ID : SB17.I1047

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

127.72



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. FIFTH QUARTER RESTAURANT**

Mailing Address 201 CLENDENIN ST.

City	State	Zip Code
CHARLESTON	WV	25301

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2015

Amount of Each Disbursement this Period

297.89
--------

Transaction ID : SB17.I1202

**B. FLAME CAMPAIGNS**

Mailing Address 121 S ORANGE AVE STE 1430A

City	State	Zip Code
ORLANDO	FL	32801

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Amount of Each Disbursement this Period

90.00
-------

Transaction ID : SB17.I1162

**C. FOODLAND**

Mailing Address 10 SPRING ST.

City	State	Zip Code
CHARLESTON	WV	25302

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

Amount of Each Disbursement this Period

32.01
-------

Transaction ID : SB17.I1050

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

419.90

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. FOX ROTHSCHILD LLP**

Mailing Address 1030 15TH ST. NW SUITE 380

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2015

Amount of Each Disbursement this Period

1260.00
---------

Transaction ID : SB17.I1124

**B. FRONTIER COMMUNICATIONS**

Mailing Address 1398 S. WOODLAND BLVD. SUITE B

City	State	Zip Code
DELAND	FL	32720

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.I1194

**C. GANDY DANCER THEATER**

Mailing Address 359 BEVERLY PIKE

City	State	Zip Code
ELKINS	WV	26241

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2015

Amount of Each Disbursement this Period

815.00
--------

Transaction ID : SB17.I1116

EVENT

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2275.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. HAMPTON INN**

Mailing Address 1 COMMERCE BLVD.

City	State	Zip Code
BUCKHANNON	WV	26201

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

639.23
--------

Transaction ID : SB17.I1203

**B. HEWLETT PACKARD**

Mailing Address 11445 COMPAQ CENTER WEST DR.

City	State	Zip Code
HOUSTON	TX	77070

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

149.79
--------

Transaction ID : SB17.I1038

**C. HOLIDAY INN & SUITES**

Mailing Address 400 2ND AVE SW

City	State	Zip Code
CHARLESTON	WV	25303

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2015

Amount of Each Disbursement this Period

311.36
--------

Transaction ID : SB17.I1059

HOTEL

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

639.23
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. JAM PAPER & ENVELOPE**

Mailing Address 185 LEGRAND AVE.

City	State	Zip Code
NORTHRAL	NJ	07647

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2015

Amount of Each Disbursement this Period

818.48
--------

Transaction ID : SB17.I1149

**B. JIFFY LUBE**

Mailing Address 1109 N. QUEEN ST.

City	State	Zip Code
MARTINSBURG	WV	25404

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2015

Amount of Each Disbursement this Period

62.04
-------

Transaction ID : SB17.I1094

MAINTENANCE

**C. KERR'S SALES & SERVICES**

Mailing Address RR 55

City	State	Zip Code
WARDENSVILLE	WV	26851

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2015

Amount of Each Disbursement this Period

4.55
------

Transaction ID : SB17.I1156

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

885.07

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. MARTINS FUEL**

Mailing Address RTE. 340 &amp; 17

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2015

Amount of Each Disbursement this Period

53.00
-------

Transaction ID : SB17.I1133

GAS

**B. MARTINS FUEL**

Mailing Address RTE. 340 &amp; 17

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2015

Amount of Each Disbursement this Period

21.89
-------

Transaction ID : SB17.I1155

GAS

**C. MCDONALDS**

Mailing Address 101 NEW STONE RIDGE RD.

City	State	Zip Code
RIPLEY	WV	25271

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

Amount of Each Disbursement this Period

38.59
-------

Transaction ID : SB17.I1049

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

113.48

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. MCDONALDS**

Mailing Address 101 NEW STONE RIDGE RD.

City	State	Zip Code
RIPLEY	WV	25271

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2015

Amount of Each Disbursement this Period

21.37
-------

Transaction ID : SB17.I1058

**B. MDI IMAGING & MAIL**

Mailing Address 21955 CASCADES PKWY

City	State	Zip Code
DULLES	VA	20166

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.I1068

**C. MEDIA PASS**

Mailing Address 1100 GLENDON AVE., STE. 1800

City	State	Zip Code
LOS ANGELES	CA	90024

Purpose of Disbursement  
RESEARCH PUBLICATIONS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2015

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.I1153

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5171.37

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. NUMBERSUSA**

Mailing Address 17 D ST. SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2015

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.I1199

**B. OFFICE DEPOT**

Mailing Address 723 FOXCROFT AVE.

City	State	Zip Code
MARTINSBURG	WV	25401

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Disbursement this Period

342.36
--------

Transaction ID : SB17.I1072

**C. OFFICE DEPOT**

Mailing Address 723 FOXCROFT AVE.

City	State	Zip Code
MARTINSBURG	WV	25401

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Disbursement this Period

124.08
--------

Transaction ID : SB17.I1080

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

566.44





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. PANERA**

Mailing Address 72 OAK LEE DR.

City	State	Zip Code
RANSON	WV	25438

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

Amount of Each Disbursement this Period

39.74
-------

Transaction ID : SB17.I1046

**B. PANERA**

Mailing Address 72 OAK LEE DR.

City	State	Zip Code
RANSON	WV	25438

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2015

Amount of Each Disbursement this Period

42.03
-------

Transaction ID : SB17.I1147

**C. POLITICAL EQUITY CONSULTING**

Mailing Address 3213 DUKE ST. #685

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2015

Amount of Each Disbursement this Period

10023.69
----------

Transaction ID : SB17.I1089

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10105.46

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. REAGAN.COM LLC**

Mailing Address 230 S. CLARK STREET SUITE 302

City	State	Zip Code
CHICAGO	IL	60604

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 25 / 2015

Amount of Each Disbursement this Period

40.00
-------

Transaction ID : SB17.I1139

**B. REGATTA BAR AND GRILL**

Mailing Address TWO WATERFRONT PLACE

City	State	Zip Code
MORGANTOWN	WV	26501

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 02 / 2015

Amount of Each Disbursement this Period

90.32
-------

Transaction ID : SB17.I1037

**C. SAM'S CLUB**

Mailing Address 2500 MOUNTAINEER BLVD.

City	State	Zip Code
S. CHARLESTON	WV	25309

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 06 / 2015

Amount of Each Disbursement this Period

239.52
--------

Transaction ID : SB17.I1055

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

369.84

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. SCOTTIES OF ELKINS**

Mailing Address 800 7TH ST.

City	State	Zip Code
ELKINS	WV	26241

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Amount of Each Disbursement this Period

27.03
-------

Transaction ID : SB17.I1042

**B. SHELL**

Mailing Address 288 OAKWOOD RD.

City	State	Zip Code
CHARLESTON	WV	02534

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

32.01
-------

Transaction ID : SB17.I1039

**C. SHELL**

Mailing Address 419 VIRGINIA AVE.

City	State	Zip Code
PETERSBURG	WV	26847

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

Amount of Each Disbursement this Period

16.00
-------

Transaction ID : SB17.I1051

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

75.04
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. SHELL**

Mailing Address 288 OAKWOOD RD.

City	State	Zip Code
CHARLESTON	WV	02534

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Amount of Each Disbursement this Period

26.34
-------

Transaction ID : SB17.I1053

GAS

**B. SHELL**

Full Name (Last, First, Middle Initial)

Mailing Address 288 OAKWOOD RD.

City	State	Zip Code
CHARLESTON	WV	02534

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

Amount of Each Disbursement this Period

38.00
-------

Transaction ID : SB17.I1054

GAS

**C. SHELL**

Full Name (Last, First, Middle Initial)

Mailing Address 78 SOMERSET BLVD.

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2015

Amount of Each Disbursement this Period

27.27
-------

Transaction ID : SB17.I1092

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

91.61



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. SHELL**

Mailing Address 419 VIRGINIA AVE.

City	State	Zip Code
PETERSBURG	WV	26847

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2015

Amount of Each Disbursement this Period

24.00
-------

Transaction ID : SB17.I1105

GAS

**B. SHELL**

Full Name (Last, First, Middle Initial)

Mailing Address 78 SOMERSET BLVD.

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2015

Amount of Each Disbursement this Period

40.00
-------

Transaction ID : SB17.I1109

GAS

**C. SHELL**

Full Name (Last, First, Middle Initial)

Mailing Address 78 SOMERSET BLVD.

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

Amount of Each Disbursement this Period

25.88
-------

Transaction ID : SB17.I1110

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

89.88

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. SHELL**

Mailing Address 78 SOMERSET BLVD.

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2015

Amount of Each Disbursement this Period

25.49
-------

Transaction ID : SB17.I1119

GAS

**B. SHELL**

Full Name (Last, First, Middle Initial)

Mailing Address 78 SOMERSET BLVD.

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2015

Amount of Each Disbursement this Period

40.00
-------

Transaction ID : SB17.I1120

GAS

**C. SHELL**

Full Name (Last, First, Middle Initial)

Mailing Address 78 SOMERSET BLVD.

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2015

Amount of Each Disbursement this Period

25.34
-------

Transaction ID : SB17.I1125

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

90.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. SHELL**

Mailing Address 78 SOMERSET BLVD.

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2015

Amount of Each Disbursement this Period

28.29
-------

Transaction ID : SB17.I1148

GAS

**B. SHELL**

Full Name (Last, First, Middle Initial)

Mailing Address 78 SOMERSET BLVD.

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

27.01
-------

Transaction ID : SB17.I1152

GAS

**C. SHELL**

Full Name (Last, First, Middle Initial)

Mailing Address 78 SOMERSET BLVD.

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2015

Amount of Each Disbursement this Period

12.00
-------

Transaction ID : SB17.I1168

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

67.30
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 106

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. SHELL**

Mailing Address 78 SOMERSET BLVD.

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 17 / 2015

Amount of Each Disbursement this Period

591.89
--------

Transaction ID : SB17.I1186

GAS

**B. SONOMA RESTAURANT**

Mailing Address 223 PENNSYLVANIA AVE. SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Disbursement this Period

114.80
--------

Transaction ID : SB17.I1104

**C. SOSA & ASSOCIATES SERVICES, LLC**

Mailing Address 1812 GILSON STREET

City	State	Zip Code
FALLS CHURCH	VA	22043

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 24 / 2015

Amount of Each Disbursement this Period

451.09
--------

Transaction ID : SB17.I1205

FOOD AND SERVER

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

590.89

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 106

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 160 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2015

Amount of Each Disbursement this Period

47.57
-------

Transaction ID : SB17.I1062

**B. STAPLES**

Mailing Address 160 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2015

Amount of Each Disbursement this Period

24.49
-------

Transaction ID : SB17.I1063

**C. STAPLES**

Mailing Address 160 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2015

Amount of Each Disbursement this Period

402.30
--------

Transaction ID : SB17.I1064

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

474.36

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 160 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Disbursement this Period

108.56
--------

Transaction ID : SB17.I1075

**B. STAPLES**

Mailing Address 160 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Disbursement this Period

266.29
--------

Transaction ID : SB17.I1099

**C. STAPLES**

Mailing Address 160 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 21 / 2015

Amount of Each Disbursement this Period

47.27
-------

Transaction ID : SB17.I1135

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

422.12

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 160 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 21 / 2015

Amount of Each Disbursement this Period

243.76
--------

Transaction ID : SB17.I1136

**B. STAPLES**

Mailing Address 160 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Disbursement this Period

296.53
--------

Transaction ID : SB17.I1158

**C. STAPLES**

Mailing Address 160 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Disbursement this Period

644.90
--------

Transaction ID : SB17.I1159

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1185.19

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 160 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2015

Amount of Each Disbursement this Period

143.05
--------

Transaction ID : SB17.I1171

**B. STAPLES**

Mailing Address 160 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2015

Amount of Each Disbursement this Period

837.33
--------

Transaction ID : SB17.I1172

**C. SUNCO**

Mailing Address 1422 BLAIR RD.

City	State	Zip Code
HALLTOWN	WV	25423

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2015

Amount of Each Disbursement this Period

42.00
-------

Transaction ID : SB17.I1048

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1022.38
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. SUNCO**

Mailing Address 1422 BLAIR RD.

City	State	Zip Code
HALLTOWN	WV	25423

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2015

Amount of Each Disbursement this Period

19.32
-------

Transaction ID : SB17.I1097

GAS

**B. SUNCO**

Mailing Address 1422 BLAIR RD.

City	State	Zip Code
HALLTOWN	WV	25423

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2015

Amount of Each Disbursement this Period

26.00
-------

Transaction ID : SB17.I1134

GAS

**C. SUNCO**

Mailing Address 1422 BLAIR RD.

City	State	Zip Code
HALLTOWN	WV	25423

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

23.00
-------

Transaction ID : SB17.I1140

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

68.32
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. SUNOCO**

Mailing Address 1422 BLAIR RD.

City	State	Zip Code
HALLTOWN	WV	25425

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2015

Amount of Each Disbursement this Period

98.51
-------

Transaction ID : SB17.I1173

GAS

**B. SUNOCO**

Mailing Address 1422 BLAIR RD.

City	State	Zip Code
HALLTOWN	WV	25425

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2015

Amount of Each Disbursement this Period

27.51
-------

Transaction ID : SB17.I1174

GAS

**C. SUNOCO**

Mailing Address 1422 BLAIR RD.

City	State	Zip Code
HALLTOWN	WV	25425

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2015

Amount of Each Disbursement this Period

52.00
-------

Transaction ID : SB17.I1187

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

98.51

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. TARGET**

Mailing Address 436 RETAIL COMMONS PKWY

City	State	Zip Code
MARTINSBURG	WV	25403

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

224.54
--------

Transaction ID : SB17.I1043

**B. THE CANNON GROUP LLC**Mailing Address 1001 PENNSYLVANIA AVE. NW  
SUITE 1300 N

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

Amount of Each Disbursement this Period

747.08
--------

Transaction ID : SB17.I1069

EXPENSES

**C. THE CANNON GROUP LLC**Mailing Address 1001 PENNSYLVANIA AVE. NW  
SUITE 1300 N

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

Amount of Each Disbursement this Period

4000.00
---------

Transaction ID : SB17.I1070

RETAINER

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4971.62



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. THE CANNON GROUP LLC**Mailing Address 1001 PENNSYLVANIA AVE. NW  
SUITE 1300 N

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2015

Amount of Each Disbursement this Period

5940.00
---------

Transaction ID : SB17.I1118

**B. THE CANNON GROUP LLC**Mailing Address 1001 PENNSYLVANIA AVE. NW  
SUITE 1300 N

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2015

Amount of Each Disbursement this Period

4000.00
---------

Transaction ID : SB17.I1185

**C. THE LEADERSHIP INSTITUTE**

Mailing Address 1101 N HIGHLAND ST

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
CAMPAIGN TRAINING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2015

Amount of Each Disbursement this Period

40.00
-------

Transaction ID : SB17.I1086

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9980.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. THE LEADERSHIP INSTITUTE**

Mailing Address 1101 N HIGHLAND ST

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement  
CAMPAIGN TRAINING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2015

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.I1127

**B. THE LEADERSHIP INSTITUTE**

Mailing Address 1101 N HIGHLAND ST

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement  
CAMPAIGN TRAINING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

85.00
-------

Transaction ID : SB17.I1151

**C. USPS**

Mailing Address 1355 COURTHOUSE DR

City	State	Zip Code
MARTINSBURG	WV	21701

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2015

Amount of Each Disbursement this Period

2940.00
---------

Transaction ID : SB17.I1085

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3275.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 OF 106

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 1355 COURTHOUSE DR

City	State	Zip Code
MARTINSBURG	WV	21701

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Disbursement this Period

17.90
-------

Transaction ID : SB17.I1131

**B. USPS**

Mailing Address 1355 COURTHOUSE DR

City	State	Zip Code
MARTINSBURG	WV	21701

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Disbursement this Period

2940.00
---------

Transaction ID : SB17.I1182

**c. USPS**

Mailing Address 1355 COURTHOUSE DR

City	State	Zip Code
MARTINSBURG	WV	21701

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 23 / 2015

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.I1192

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3157.90

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. VERIZON**

Mailing Address PO BOX 4003

City	State	Zip Code
ACWORTH	GA	30101

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2015

Amount of Each Disbursement this Period

334.91
--------

Transaction ID : SB17.I1082

**B. VERIZON**

Mailing Address PO BOX 4003

City	State	Zip Code
ACWORTH	GA	30101

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

51.00
-------

Transaction ID : SB17.I1103

**C. VERIZON**

Mailing Address PO BOX 4003

City	State	Zip Code
ACWORTH	GA	30101

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2015

Amount of Each Disbursement this Period

794.99
--------

Transaction ID : SB17.I1178

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1180.99

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 106

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. VERIZON**

Mailing Address PO BOX 4003

City	State	Zip Code
ACWORTH	GA	30101

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

299.08
--------

Transaction ID : SB17.I1195

**B. WALMART**

Mailing Address 96 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

289.30
--------

Transaction ID : SB17.I1041

**C. WALMART**

Mailing Address 96 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2015

Amount of Each Disbursement this Period

33.43
-------

Transaction ID : SB17.I1098

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

621.81

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 96 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Disbursement this Period

40.49
-------

Transaction ID : SB17.I1107

**B. WALMART**

Mailing Address 96 PATRICK HENRY WAY

City	State	Zip Code
CHARLES TOWN	WV	02544

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2015

Amount of Each Disbursement this Period

63.41
-------

Transaction ID : SB17.I1188

**C. WEIS MARKETS**

Mailing Address 217 OAK LEE DR. #15

City	State	Zip Code
RANSON	WV	25438

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

60.00
-------

Transaction ID : SB17.I1040

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

163.90
--------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 106

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. WEIS MARKETS**

Mailing Address 217 OAK LEE DR. #15

City	State	Zip Code
RANSON	WV	25438

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2015

Amount of Each Disbursement this Period

25.52
-------

Transaction ID : SB17.I1128

GAS

**B. WEIS MARKETS**

Mailing Address 217 OAK LEE DR. #15

City	State	Zip Code
RANSON	WV	25438

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2015

Amount of Each Disbursement this Period

45.00
-------

Transaction ID : SB17.I1129

GAS

**C. WEIS MARKETS**

Mailing Address 217 OAK LEE DR. #15

City	State	Zip Code
RANSON	WV	25438

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Amount of Each Disbursement this Period

47.00
-------

Transaction ID : SB17.I1130

GAS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

117.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. WEIS MARKETS**

Mailing Address 217 OAK LEE DR. #15

City	State	Zip Code
RANSON	WV	25438

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2015

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.I1150

GAS

**B. WEIS MARKETS**

Mailing Address 217 OAK LEE DR. #15

City	State	Zip Code
RANSON	WV	25438

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2015

Amount of Each Disbursement this Period

45.00
-------

Transaction ID : SB17.I1183

GAS

**C. WENDY'S**

Mailing Address 765 FOXCROFT AVE.

City	State	Zip Code
MARTINSBURG	WV	25401

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2015

Amount of Each Disbursement this Period

23.69
-------

Transaction ID : SB17.I1078

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

118.69



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 106

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. WENDY'S**

Mailing Address 765 FOXCROFT AVE.

City	State	Zip Code
MARTINSBURG	WV	25401

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 21 / 2015

Amount of Each Disbursement this Period

24.13
-------

Transaction ID : SB17.I1079

**B. WENDY'S**

Mailing Address 765 FOXCROFT AVE.

City	State	Zip Code
MARTINSBURG	WV	25401

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Disbursement this Period

32.05
-------

Transaction ID : SB17.I1169

**C. WINGATE BY WYNDHAM HOTELS**

Mailing Address 402 SECOND AVE.

City	State	Zip Code
CHARLESTON	WV	25303

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 08 / 2015

Amount of Each Disbursement this Period

504.90
--------

Transaction ID : SB17.I1060

HOTEL

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

561.08
77287.04

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE HECK**

Mailing Address PO BOX 753908

City	State	Zip Code
LAS VEGAS	NV	89136

Purpose of Disbursement  
TRANSFERCandidate Name  
**JOE HECK**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: NV District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

6100.00
---------

Transaction ID : SB18.I1207

**B. WEST VIRGINIA REPUBLICAN PARTY**

Mailing Address PO BOX 2711

City	State	Zip Code
CHARLESTON	WV	25330

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2015

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB18.I1145

**C. JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE**

Mailing Address 575 WRENS VIEW LANE

City	State	Zip Code
HARPERS FERRY	WV	25425

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB18.I1197

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6100.00

6100.00